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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,967	02/25/2004	Jun-young Kim	249/449	8477

7590

06/19/2006

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EXAMINER

SOWARD, IDA M

ART UNIT

PAPER NUMBER

2822

DATE MAILED: 06/19/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

W

Interview Summary	Application No.	Applicant(s)	
	10/784,967	KIM ET AL.	
	Examiner	Art Unit	
	Ida M. Soward	2822	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Ida M. Soward. (3) _____
(2) Maryam Ipakchi. (4) _____

Date of Interview: 13 June 2006.

Type: a) ☐ Telephonic b) ☐ Video Conference
c) ☒ Personal [copy given to: 1) ☐ applicant 2) ☒ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.
If Yes, brief description: _____

Claim(s) discussed: All.

Identification of prior art discussed: _____

Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

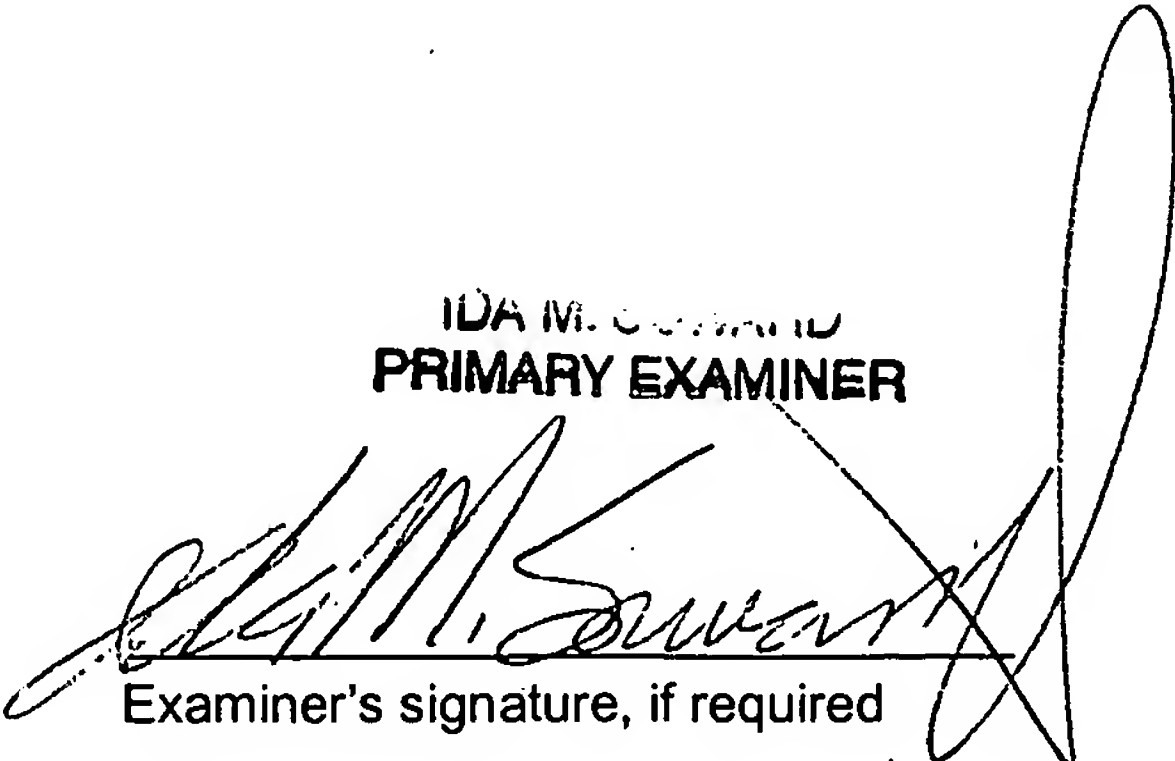
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: _____

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

The proposed amendments to claims 1 and 23 overcome the Kosaka (5,361,273) reference.

IDA M. SOWARD
PRIMARY EXAMINER


Examiner's signature, if required

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.